


**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Apr 23 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra C. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000047900 (1)**  
1. Corporation Name  
**MERRICK INTERNATIONAL INCORPORATED**



Principal Place of Business: **P O BOX 010704 MIAMI FL 33101**  
Mailing Address: **P O BOX 010704 MIAMI FL 33101-0704**

2. Principal Place of Business		2a. Mailing Address		9. Date Incorporated or Qualified <b>05/31/1996</b>	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>592018093</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>MERRICK, AXELEY G 309 N SEQUOIA DR WEST PALM BEACH FL 33401</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	<b>000002154500 -04/25/97--01006--023</b>
				84 City	<b>***165.00 FL</b>
				85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MERRICK, AXELEY G</b>	1.2 NAME	<b>HAZEL MERRICK MONTEQUE</b>
STREET ADDRESS	<b>309 N SEQUOIA DR</b>	1.3 STREET ADDRESS	<b>309 N Sequoia Dr.</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	1.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>
TITLE	<del><b>D</b> <input type="checkbox"/> DELETE</del>	2.1 TITLE	<b>accountant</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del><b>KURLAND, SANDE S</b></del>	2.2 NAME	<b>REMA LOIS DAVIS</b>
STREET ADDRESS	<del><b>4348 B HAZEL AVE</b></del>	2.3 STREET ADDRESS	<b>1680 Palm Beach Lakes Blvd.</b>
CITY-ST-ZIP	<del><b>PALM BEACH GARDENS FL 33410</b></del>	2.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>
TITLE	<del><b>D</b> <input type="checkbox"/> DELETE</del>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del><b>RAMIREZ, JOSE</b></del>	3.2 NAME	
STREET ADDRESS	<del><b>1401 VILLAGE BLVD #212</b></del>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<del><b>WEST PALM BEACH FL 33401</b></del>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>Manager</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Grace Olive Merrick</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>835 1/2 -31 St.</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33407</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>MERRICK, AXELEY G</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>309N Sequoia Dr.</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>West Palm Beach FL 33401</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **A. O. Merrick** *AW 4-23-97*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **2-16-97** Daytime Phone: **561-863-1013**

CR2E034 (9/96)